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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # H31584

(6)

1. Corporation Name STRUCTURAL ASSOCIATES OF FLORIDA, INC. Principal Place of Business Mailing Address						
5949 FISHER RD P O BOX 220 EAST SYRACUSE NY 13057		5949 FISHER RD P O BOX 220 EAST SYRACUSE NY 1	13057	Date incorporated or Qualified	3a. Date of Last R	
				11/28/1984	01/24/19	
- 5	ace of Business	2a. Mailing Address		4. FEI Number		Applied For
1	isher Road	26 5903 Fisher	Koad	59-2470006		Not Applicable
Suite, Apt #, etc. 2 P.O. Box 220		Suite, Apt. #, etc. 27 P.O. Box 220)	5. Certificate of Status Desired	1 1	Additional Required
City & State		City & State		6. Election Campaign Financing		O May Be
at a second	yracuse, NY	28 East Syracus	se, NY	Trust Fund Contribution		d to Fees
^{Zφ} 13057	Country 25 USA	29 13057-0220	Country USA	8. This corporation has liability for in Flonda Statutes Yes	⊠ No	199.032,
	9. Name and Address of Currer	it Registered Agent	81 Name	10. Name and Address of New Ro	egistered Agent	
Burger, Robert T. 1901-6 Hwy A1A Indian Harbour Beach Fl 32937				dress (P.O. Box Number is Not Acceptable)		
			84 City		FL 85 Zi	p Code
familiar wit - SIGNATURE	th, and accept the obligations of Sect	ion 607.0505, Florida Statutes.	o by the corporation's posi-	ration submits this statement for the purp and of directors. Thereby accept the appo	initrient as registerec	ragent ram
12			E: Bogistored Agent's gnature require		DATE CLOS AND DIDECTO	DC M 13
	OFFICERS AN		E Registered Agent signature require 13. 1 1 TIBLE	adwienienstatiegi ADDITIONS/CHANGES TO OFFI		DRS IN 12
ITLE		D DIRECTORS	13.		CERS AND DIRECTO	
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certry trial the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under onth; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Glock 13 if changed, or on an attachment with an address.

SIGNATURE:

Dennis G. Weller, P.E., President 4/8/96 (315) 463–0001

SIGNATURE:

SIGNAT